## **STATEMENT OF**

| FORM 1                             | ORGANIZATION (See instructions)                                                                                             |                          |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------|
| NAME OF COMMITTEE (in f            | (Check if name Example: If typying, type                                                                                    | Office use only  12FE4M5 |
| Merck & Co., I                     | nc., Employees Political Action Committee (Merck PAC)                                                                       |                          |
| ADDRESS (number and s              | 601 Pennsylvania Ave., NW                                                                                                   |                          |
| _                                  | North Building, Suite 1200                                                                                                  |                          |
| (Check if address is changed)      | Washington                                                                                                                  | DC 20004 _               |
|                                    | CITY▲                                                                                                                       | STATE▲ ZIP CODE ▲        |
| COMMITTEE'S E-MAI                  | L ADDRESS (Please provide only one e-mail address)                                                                          |                          |
| (Check if address is changed)      | merck_pac@merck.com                                                                                                         |                          |
| is smarges,                        |                                                                                                                             |                          |
| COMMITTEE'S WEB                    | PAGE ADDRESS (URL)                                                                                                          |                          |
| (Check if address                  | <u> </u>                                                                                                                    |                          |
| is changed)                        |                                                                                                                             |                          |
| 2. DATE 0 2                        | / D D / Y Y Y Y Y Y Z O 1 1                                                                                                 |                          |
| 3. FEC IDENTIFICA                  | TION NUMBER C C00097485                                                                                                     |                          |
| 4. IS THIS STATEM                  | ENT NEW (N) OR X AMENDED (A)                                                                                                |                          |
| I certify that I have examin       | ned this Statement and to the best of my knowledge and belief it is true, correc                                            | t and complete           |
| Type or Print Name of <sup>-</sup> | Treasurer Stephen Propper                                                                                                   |                          |
| Signature of Treasurer             | Electronically Filed by Stephen Propper                                                                                     | Date 02 / 02 / 2011      |
| NOTE: Submission of fal            | se, erroneous, or incomplete information may subject the person signing this S  ANY CHANGE IN INFORMATION SHOULD BE REPORTE | ,                        |
| Office<br>Use<br>Only              | For further information Federal Election Community Toll Free 800-424-95 Local 202 604 1100                                  | mission FEC FORM 1       |

|    | F                                            | FEC F               | Form 1 (Revised 02/2009)                                                                                                                                                                                                 | Page 2                                  |  |  |  |
|----|----------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--|--|--|
| 5. |                                              |                     | OMMITTEE (Check One) Committee:                                                                                                                                                                                          |                                         |  |  |  |
|    | (a)                                          |                     | This committee is a principal campaign committee. (Complete the candidate information below.)                                                                                                                            |                                         |  |  |  |
|    | (b)                                          |                     | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete tinformation below.)                                                                                                     | he candidate                            |  |  |  |
|    | Name<br>Candi                                |                     |                                                                                                                                                                                                                          |                                         |  |  |  |
|    | Candi<br>Party                               | idate<br>Affiliatio | on Office Sought: House Senate President                                                                                                                                                                                 | State District                          |  |  |  |
|    | (c)                                          |                     | This committee supports/opposes only one candidate, and is NOT an authorized committee.                                                                                                                                  |                                         |  |  |  |
|    | Name<br>Candi                                |                     |                                                                                                                                                                                                                          |                                         |  |  |  |
|    | Party                                        | Comm                |                                                                                                                                                                                                                          |                                         |  |  |  |
|    | (d)                                          |                     | This committee is a (National, State (or subordinate) committee of the                                                                                                                                                   | (Democratic,<br>Republican,etc.) Party. |  |  |  |
|    | Political Action Committee (PAC):            |                     |                                                                                                                                                                                                                          |                                         |  |  |  |
|    | (e)                                          | X                   | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected                                                                                                                 | d organization is a:                    |  |  |  |
|    |                                              |                     | X Corporation Corporation w/o Capital Stock La                                                                                                                                                                           | bor Organization                        |  |  |  |
|    |                                              |                     | Membership Organization Trade Association Co                                                                                                                                                                             | poperative                              |  |  |  |
|    |                                              |                     | χ In addition, this committee is a Lobbyist/Registrant PAC.                                                                                                                                                              |                                         |  |  |  |
|    | (f)                                          |                     | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)                                                                              | d fund or party                         |  |  |  |
|    |                                              |                     | In addition, this committee is a Lobbyist/Registrant PAC.                                                                                                                                                                |                                         |  |  |  |
|    |                                              |                     | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)                                                                                                                                           |                                         |  |  |  |
|    | Joint Fundraising Representative:            |                     |                                                                                                                                                                                                                          |                                         |  |  |  |
|    | (g)                                          |                     | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. |                                         |  |  |  |
|    | (h)                                          |                     | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.         |                                         |  |  |  |
|    | Committees Participating in Joint Fundraiser |                     |                                                                                                                                                                                                                          |                                         |  |  |  |
|    |                                              |                     | 1. FEC ID number                                                                                                                                                                                                         |                                         |  |  |  |
|    |                                              |                     | 2. FEC ID number                                                                                                                                                                                                         |                                         |  |  |  |
|    |                                              |                     | 3. FEC ID number                                                                                                                                                                                                         |                                         |  |  |  |
|    |                                              |                     | .   FEC ID number   C                                                                                                                                                                                                    |                                         |  |  |  |

|    | FEC Form 1 (Revised 02                                        | 2/2009)                                                                   |                                  | Page <b>3</b>          |
|----|---------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------|------------------------|
| W  | rite or Type Committee Name                                   |                                                                           |                                  |                        |
|    | Merck & Co., Inc., Empl                                       | oyees Political Action Committee                                          | (Merck PAC)                      |                        |
|    |                                                               |                                                                           |                                  |                        |
| 6. | Name of Any Connected Org                                     | ganization, Affiliated Committee, Joint F                                 | undraising Representative, or    | Leadership PAC Sponsor |
|    | Merck & Co., Inc.                                             |                                                                           |                                  |                        |
|    | merck & Go., mo.                                              |                                                                           |                                  |                        |
|    |                                                               |                                                                           |                                  |                        |
|    | Mailing Address                                               | One Merck Drive                                                           |                                  |                        |
|    |                                                               | P.O. Box 100                                                              |                                  |                        |
|    |                                                               | Whitehouse Station                                                        |                                  |                        |
|    |                                                               | AA                                                                        |                                  |                        |
|    |                                                               | CITY                                                                      | STATE A                          | ZIP CODE 🛦             |
|    | Relationship:                                                 |                                                                           |                                  | П                      |
|    | X Connected Organization                                      | Affiliated Committee                                                      | Joint Fundraising Representative | Leadership PAC Sponsor |
| 7. | custodian of Records: Idea possession of Committee  Full Name |                                                                           | ber optional), and position      | of the person in       |
|    | Mailing Address                                               | 601 Pennsylvania Ave                                                      | e., NW                           |                        |
|    |                                                               | North Bldg., Suite 120                                                    | 00                               |                        |
|    |                                                               | Washington                                                                | DC                               | 20004                  |
|    | Title or Position ▼                                           | CITY A                                                                    | STATE                            | ZIP CODE A             |
|    | Coordinate                                                    | or                                                                        |                                  | 02 - 508 - 4545        |
|    |                                                               |                                                                           |                                  |                        |
| 8. |                                                               | and address (phone number optior<br>designated agent (e.g., assistant tre | •                                | ommittee; and the      |
|    | Full Name                                                     | un Drannar                                                                |                                  |                        |
|    | of Treasurer Stephe                                           | en Propper                                                                |                                  |                        |
|    | Mailing Address                                               | One Merck Drive                                                           |                                  |                        |
|    |                                                               | PO Box 100, WS 2EF-                                                       | -10                              |                        |
|    |                                                               | Whitehouse Station                                                        | NJ                               | 08889                  |
|    | Title or Position ♥                                           | CITY A                                                                    | STATE A                          | ZIP CODE A             |
|    | Treasurer                                                     |                                                                           | Telephone number                 | 08 _ 423 _ 1000        |
|    | -                                                             |                                                                           | . 5.56110110 110111001           |                        |

| FEC Form 1 (Revis                                                                                    | sed 02/2009)                                                                                                                                |                          | Page 4               |     |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------|-----|
| Full Name of<br>Designated<br>Agent                                                                  | Jason Van Pelt                                                                                                                              |                          |                      |     |
| Mailing Address                                                                                      | 601 Pennsylvania Ave., NW                                                                                                                   |                          |                      |     |
|                                                                                                      | North Bldg., Suite 1200                                                                                                                     |                          |                      |     |
|                                                                                                      | Washington                                                                                                                                  | DC                       | 20004 –              |     |
| Title or Position ▼                                                                                  | CITY A                                                                                                                                      | STATE A                  | ZIP CODE A           |     |
| Assista                                                                                              | ant Treasurer Telepho                                                                                                                       | ne number 202            | 508 45               | 564 |
| Banks or Other Deposit<br>safety deposit boxes or m<br>Name of Bank, Depositor                       | naintains funds.                                                                                                                            | mittee deposits funds, h | olds accounts, rents |     |
| safety deposit boxes or m<br>Name of Bank, Depositor                                                 | naintains funds.<br>ry, etc.                                                                                                                | mittee deposits funds, h | olds accounts, rents |     |
| safety deposit boxes or m<br>Name of Bank, Depositor                                                 | naintains funds.<br>ry, etc.<br>achovia National Bank                                                                                       | mittee deposits funds, h | olds accounts, rents |     |
| safety deposit boxes or m<br>Name of Bank, Depositor                                                 | naintains funds. ry, etc.  achovia National Bank NC8502                                                                                     | mittee deposits funds, h |                      | 966 |
| safety deposit boxes or m<br>Name of Bank, Depositor                                                 | naintains funds. ry, etc.  achovia National Bank  NC8502  P.O. Box 563966                                                                   |                          |                      |     |
| safety deposit boxes or m<br>Name of Bank, Depositor                                                 | naintains funds.  ry, etc.  achovia National Bank  NC8502  P.O. Box 563966  Charlotte  CITY  CITY                                           | NC NC                    | 28256   _   3        |     |
| safety deposit boxes or m Name of Bank, Depositor  Windows  Mailing Address  Name of Bank, Depositor | naintains funds.  ry, etc.  achovia National Bank  NC8502  P.O. Box 563966  Charlotte  CITY  CITY                                           | NC NC                    | 28256   _   3        |     |
| safety deposit boxes or m Name of Bank, Depositor  Windows  Mailing Address  Name of Bank, Depositor | naintains funds.  ry, etc.  achovia National Bank  NC8502  P.O. Box 563966  Charlotte  CITY   ry, etc.                                      | NC NC                    | 28256   _   3        |     |
| safety deposit boxes or m Name of Bank, Depositor  Windows  Mailing Address  Name of Bank, Depositor | naintains funds.  ry, etc.  achovia National Bank  NC8502  P.O. Box 563966  Charlotte  CITY   ry, etc.  erck Employees Federal Credit Union | NC NC                    | 28256   _   3        |     |
| safety deposit boxes or m Name of Bank, Depositor  Windows  Mailing Address  Name of Bank, Depositor | naintains funds.  ry, etc.  achovia National Bank  NC8502  P.O. Box 563966  Charlotte  CITY   ry, etc.  erck Employees Federal Credit Union | NC NC                    | 28256   _   3        |     |

 $\textbf{A.} \;\; \text{Form/Schedule}: \; \textbf{F1A}$ 

Form amended to disclosure connected organization.

Transaction ID: